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ABSTRACT

This paper describes the implementation of a sex education course at the seventh grade level in a rural, conservative school district in Rutherford County, North Carolina. A discussion is presented on the four areas of the program implementation that were considered sensitive. The first area is involved with the ways in which informed parental approval for the curriculum was obtained. The next area of significance is the decision to use small, same-sex groups for instructional purposes. The third area is a curriculum which offers cognitive as well as affective learning, decision making, and exploration of healthy lifetime goals. The fourth important area is that the course is taught by the school counselors. The course includes discussion of sexually transmitted diseases as well as sexuality and teenage pregnancy. Emphsis is placed on abstinence and resisting peer pressure. (JD)

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# HUMAN SEXUALITY:
# ADOLESCENT TRANSFORMATION TO HEALTHY ADULTHOOD

by

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## INTRODUCTION

This program explains the implementation and administration of our human sexuality curriculum. Human sexuality education is provided to seventh graders with emphasis on physical and emotional changes of adolescence, human sexuality, decision making, the consequences of teenage pregnancy, the hardships of teenage parenthood, and sexually transmitted diseases.

OBJECTIVES: HUMAN SEXUALITY EDUCATION

1. To learn supportive statistical information showing an increasing need for human sexuality education.

2. To learn the procedure for implementation of human sexuality curriculum in rural North Carolina.

3. To acquire lesson plans which outline the human sexuality curriculum.

4. To acquire sample materials, letters, etc. which are used in administering this program.

5. To receive bibliography of materials for this human sexuality curriculum.

I am Gwyn Costner and this is my co-worker Sandra Dycus. The issue of sexual development in early adolescence is a challenge for those of us who are counselors. Now with the threat of the AIDS epidemic, a healthy sense of one's sexuality is a must, not only for teens but all of us. Our purpose is to share how we were able to implement a program of sensitive issues and what we feel is important in basic understanding of human sexuality. We are excited about sharing our curriculum with you, and we hope you will find this information helpful.

We have complete packets with sample copies of all our materials so you will not need to take notes during the session.

Both of us are elementary counselors in Rutherford County in western North Carolina. We are a rural county composed of many small communities in the foothills of the southern Appalachians. It is an area of conservative lifestyles with traditional religious principles and practices. This simple style of living is historically grounded in independent and isolated existence. Our economy is dominated by the textile industry. Our school system centers around twenty-one (21) elementary school and three (3) high schools. The school population of 10,000 students is approximately 16% minority and 84% white. Given this scenario, you can understand our pride in the implementation of Human Sexuality education.

In 1979, I served on a committee of thirty (30) people who presented a K-12 curriculum on family life planning to our Board of Education. The board promptly tabled the issue as being too explicit.

By 1984, only five (5) years later, we recognized a significant increase in early adolescent pregnancies in our county. Because of this increase in the early teen pregnancy rate, our Board of Education became more receptive to a curriculum addressing human sexuality. We were able to develop and implement the curriculum we are sharing today. This curriculum has been accepted with support from our community, our Board of Education, and our fellow educators.

These statistics have given us the basis for our program.

NATIONAL STATISTICS

1. One out of every three teens between the ages of 13 to 15 has had intercourse.
2. Every day over 3,500 teens become pregnant, and 900 pregnancies occur to girls 14 and younger.

   Of the 1.3 million teen pregnancies;

   40% will have a therapeutic abortion,

   50% will carry to term and become teen mothers,

   5% will release the child for adoption,

   5% will end in miscarriage or fetal death.

3. One out of every four babies is born to an unwed mother.
4. Eight out of ten pregnant teenagers drop out of school - leading to welfare dependency.
5. Each year one American teen in 10 becomes pregnant, compared to fewer than one in 20 in England, France, or Canada and one in 20 in Sweden. Teen pregnancy rates among white American teens are twice those in industrialized nations.

The national statistics are alarming. However, as we compared the nation to our county, we realized our local problem was even greater.

RUTHERFORD COUNTY STATISTICS

1. Rutherford Hospital in 1984 had 621 births.
2. During 1984 the Rutherford County Health Department had 189 pregnancies - 30.4% were never married. Out of 189, 101 (53.4%) dropped out of school between the 9th and 11th grade. Of these same 189 cases, 85 patients were under the age of 19.

3. In the 10 - 19 age category, 59 (37%) of the 160 live births were to unwed mothers in 1983.
4. In 1985, the Rutherford County Health Department saw 97 patients under the age of 19.
5. Following the trend in 1986 Rutherford County Health Department saw only 75 patients under the age of 19.
6. In 1984, a total of 30 girls between 12 - 15 years of age became teen mothers.

This transparency shows a decreasing trend in early adolescent pregnancies since 1985 and the implementation of Human Sexuality in 7th grade.

STATISTICS

BIRTHS/EARLY ADOLESCENTS

| NO HUMAN SEXUALITY EDUCATION | 3 Schools 45% of 7th Graders | 7 Schools 75% of 7th Graders | All Schools 100% of 7th Graders |
|---|---|---|---|
| 1984 | 1985 | 1986 | 1987 |
| 12 Years (Including One 12-Year Old) | 0 | 0 | 0 |
| 13 Years (30 Girls Became Mothers) | 2 | 0 | 2 |
| 14 Years | 2 | 4 | 0 |
| 15 Years | 4 | 4 | 5 |
| TOTAL 30 | 8 | 8 | 7 |

We plan to continue tracking our local teen pregnancy rates and hope that the program will expand to the high school level where we still have too many teens becoming mothers.

We are not naive enough to believe this 9-week course is a solution to the total problem. However, we do have a strong belief that teenagers who are well informed are equipped to make better decisions.

The program distinguishes itself in four areas. The first area is involved with the informed parental choice. The next area of significance is the same sex small group setting. The third area is a curriculum which offers cognitive as well as affective learning, decision making, and exploration of healthy lifetime goals. The fourth important area is that the seventh grade Human Sexuality Curriculum is taught by our school guidance counselors. I would like to address each of these areas separately to explain how the program is carried forward.

Each year in preparing to teach this curriculum letters of invitation to all parents of seventh grade students in our school are sent out. This letter invites them to a parent seminar at which the implementation and materials that will be involved in this course are explained. It is important that parents have an opportunity to gain a working knowledge of the information involved in the curriculum. This addresses two important issues for many parents. First there are those parents who are not comfortable enough with their own sexuality to talk with their child but want this need to be filled with valuable information. There are also parents who welcome discussion but are not satisfied with the amount or quality of their own knowledge. There is a third hidden benefit. The parents and the counselor have an opportunity to meet and increase their awareness of each other. The intent of the meeting is to have parents feeling involved and comfortable with the curriculum, so they will make an informed choice and give permission for their son or daughter to attend. The ideas of informed choice and responsibility for parents and teens are the framework of our curriculum and an integral part of our profession. Our statistics substantiate community acceptance of the program. In 1985-86 we had 809 students out of 810 taking the course. The following school year in 1986-87 we had 812 out of 820 involved and in 1987-88 we had 774 out of 780 students in our Human Sexuality Course.

The second important component of the program is that the class setting is conducted in small groups of girls only and boys only. The idea of same sex grouping adds further to the comfort level of many parents. More importantly for this age group it seems to provide an atmosphere where sexual roles do not have to be played out at this time. The atmosphere also speaks to the issues of respect and privacy of one's own sexuality. A common awareness can be shared about experiences which are specifically attuned to group members physical development. Questions and concerns can be discussed with more attention paid to the individual. Because of the group's setting a high comfort level can quickly be established which will be conducive to the group's proceedings. In fact, an almost audible sigh of relief can be heard as personal issues are discussed. The students will become aware that their experiences through the adolescent years in part will be guided by their own uniqueness.

The curriculum is the third component. Each day's lesson is sequentially structured. It is in this way that students explore personal issues as their own awareness grows. A short synopsis of the lesson activities follows to provide further explanation.

On day one a pretest is given to each student to determine the level of their knowledge. "Becoming An Adolescent", a mini lecture, and "A Journey Through Puberty", a set of eighteen scripted transparencies, introduces the adolescent changes. These include emotional and social growth with the primary focus being on male - female physical changes.

The idea of the Question Box is introduced on Day 2. This gives students a chance to annonymously ask questions. This lesson's main focus is a film-strip called "The Growing Trip" which re-emphasizes the adolescent changes, but expands the learning from simple anatomy to include reproduction, birth,



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heredity, changing sexual roles and the idea that you should be able to take care of yourself before you take care of others.

The third day moves from the idea of sexual capability to sexual responsibility. The filmstrip "Teenage Birth Control: Why Doesn't It Work", and the discussion format of the story "Who's Responsible" offers some valuable opportunities. From the filmstrip, the students can examine some common misinformation about birth control and the "fooling yourself" kind of thinking that many teens rely on. The particular format of the story gives the group and yourself an opportunity to examine decision making processes. It is at this point the idea of abstinence is introduced and will be continuously re-enforced as the best choice for our students.

Day four concentrates on problems of teenage parenthood. "It's Easy To Have A Baby - It's Hard To Raise A Child," a filmstrip and transparencies on teenage parenthood offer the students an awareness of the problems of such an experience. The physical dangers of early pregnancy and childbirth, the social and emotional changes, and the financial responsibility are all important messages in this lesson. Some students, at this time, choose to share personal experiences from their own perceptions of teen parenthood. This time can be valuable in discussing their lifetime goals with individual students.

Day five introduces sexually transmitted diseases. "The STD Gang, Part 1, a filmstrip, and an "Introduction to Sexually Transmitted Diseases," a mini lecture, covers five major diseases. The statistics, characteristics of the virus, symptoms, prevention and treatment are all covered for each disease.

The filmstrip "Sexually Transmitted Diseases - Prevention and Treatment, Part 2" is shown on day six. It describes a teen who visits a health clinic for diagnosis of possible STD symptoms. Once again prevention and treatment are stressed but with a comforting thought that confidentiality is preserved.

Because of the impact AIDS is having on our society, day 7 focuses

entirely on this subject. A video "AIDS: What Everyone Needs to Know" provides an inclusive amount of information. The video covers all possible aspects of transmission, development and symptoms, prevention and myths and some of the emotional circumstances involved in this disease.

Our last teaching lesson on Day 8 provides instruction on how to say no. The filmstrip "Chastity - It's Okay to Say No" pinpoints these issues in decision making, peer pressure, goal setting and assertiveness techniques. A handout is given to the students which lists assertiveness techniques and lines commonly used as peer pressure points.

The post test is given on the last day of class. Later students are given an opportunity to compare their pretest and post test grades. The test scores average a 15 to 20 point increase from pre to post test each year.

The fourth component of the program is as vital as any of the other three. Our elementary and middle school counselors are responsible for the teaching of this course. The counseling and group dynamic skills we bring to the personal exploration of the issues are an important part of its success.

For many the success may be measured in numbers. The success continues as I see my students become more knowledgable and more focused on who they are and who they can become.

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MARCH, 1989

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